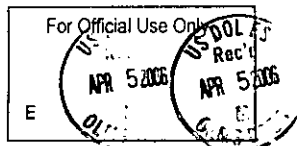


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 25237	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Josie Bautista P.O. Box, Bldg., Room No., if any 8th Floor Street 501 Third Street, N.W. City Washington State District of Columbia ZIP Code +4 20001	4. Name, file number, and address of labor organization. Name Association of Flight Attendants-CWA Labor Organization File Number 000188 P.O. Box, Building and Room Number, if any 8th Floor Street 501 Third Street, N.W. City Washington State District of Columbia ZIP Code +4 20001
5. Position in labor organization. Staff Attorney	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name PSA Airlines, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3400 Terminal Drive City Vandalia State Ohio ZIP Code +4 45377	7.a. Nature of Interest, Transaction, or Income. Airline passes/tickets to attend meetings with the company and union 7.b. Amount. \$311

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Josie M. Bautista</u>	On <u>3/27/06</u> Date	(202) 434-1478 Telephone Number